



Northampton Board of Retirement

Authorization Agreement for Direct Deposit

I hereby authorize the Northampton Board of Retirement and the City of Northampton to initiate credit entries to my

☐

Checking account

☐

Savings account

at the depository institution indicated below.

Depository

Institution Name _____

City _____ State _____ Zip _____

This authority is to remain in effect until the Northampton Board of Retirement has received written notification from me of its termination in such time and in such manner as to afford the Northampton Board of Retirement to act on it.

Name _____

Date _____ *Signature* _____

Attach Voided Check Here